# NJ DSRIP Learning Collaborative Stage 3 Measures Reporting and Validation

### Monmouth Medical Center

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#### Overview

- Monmouth Medical Center is a 527 Bed Academic Teaching Hospital Located in Long Branch NJ
- Part of the Largest Integrated Healthcare System in NJ RWJBarnabas Health
- Inpatient Voluntary and Involuntary Psychiatric Units, Outpatient Behavioral Health Services Including Acute Partial and Partial hospitalization Programs, Early Intervention and Support Services.



#### Overview

- DSRIP Project: The Integrated Health Home for the Seriously Mentally III
  - Serving Monmouth and Ocean County Residents
    - Men and Women 18+
    - Medicaid/Low Income
    - Serious Mental Illness DX
    - Must Have Phone Access
    - Cannot Have a Primary DX of Substance Abuse
  - Partnered with FQHCs in Each County



## 2 Parts of the DSRIP Equation

#### **Care Coordination**

- Interdisciplinary Team
   Provides Assessment and
   On-Going Chronic Disease
   Management
- Psychiatrist, APN, Social Worker, Pharmacist, Community Health Worker



#### **Data Coordination**

- Integrated Team Manages
   Data Needs and Review for the Program
- Data Analyst, Decision
   Support, FQHC Data
   Analyst, New Jersey
   Innovation Institute (NJII)



**OUTCOMES** 



### The Process

- It all Starts with the Attribution Roster!
  - Received from the Department Twice per Year
  - Complete Attribution Matching
    - Verify patients on the roster are in our registration systems
    - Completed by RWJBH Decision Support Team and NJII
  - Determine Measure-Specific patients
    - Use of CPT and ICD Diagnosis codes using appropriate encounter dates (denominators)
    - If Sampling, randomize patients for each metric and apply measure-specific minimal sample sizes
    - Use randomized patient list measure specific patients to determine cases for abstraction (Numerators)



### The Partner Process

- MMC, FQHC, and NJII Work Closely Throughout Abstraction.
- NJII abstracts multiple hospitals and is congruent with multiple staff reviewing and asking specification questions to assure interpretation is correct
- NJII completes chart abstraction and provides reports to FQHC for review and validation.
- Both Met and Unmet Measures are Reviewed Manually and Discussed to Determine Appropriate Performance Improvement Processes Can be Implemented.





### Stage 3 Measure

- DSRIP 94: Cardiovascular Screening for People with Schizophrenia or Bipolar Disorder who are Prescribed Antipsychotic Medicines
- Understand your Measures Specifications
  - Some are straight forward, others may have complex inclusion/exclusion criteria
- Care Coordination Process
  - Upon Intake Routine EKG is Ordered. Follow-Up is Coordinated with a MMC Cardiologist. Medications, Testing and Monitoring is Followed by IHH Medical APN and Team.
- Data Reporting and Validation of Measures is Reliant on Strong Decision Support and NJII Abstraction.



### Hospital IP Chart Measures

- Stage 4: Elective Delivery, C-Section, Hospital Acquired Potentially Preventable VTE, Antenatal Steroids
  - Barnabas Health Legacy uses a Central Abstractor pool that does the chart measures. Their accuracy has been validated by passing CMS validation with over 97% accuracy for all measures over 3 years.
  - A vendor's web based abstraction tool is used; the vendor is CMS/Joint Commission certified so know the algorithms and data elements meet the specifications
  - Attribution list is provided to the vendor for abstraction on an ongoing basis from the previous year and is then updated when receive the year for reporting (ex. 2015 attribution list was used to allow ongoing abstraction, when the 2016 list was available the patient list was reconciled deleting the cases that were no longer attributed and added new patients)
  - All failures are sent to MMC for review for validation and identify opportunities for improvement
  - Measure Outcome and Patient level reports available to the hospital on a daily basis



## Standard Reporting Workbook

- NJII Partner and Central Abstraction
  - Data is Entered in the Appropriate Numerator and Denominator for Each of the Measures
  - The SRW is Sent to the Hospital by NJII on Behalf of the FQHC for Confirmation Before it is Sent to NJDSRIP; the Data is Compared to the Reports Available and to the Ongoing Validation of the Chart Abstracted Failures Over the Year



## We're in this Together!

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